

**Healthier Montana Menu Challenge Application  
September 2013**

**Application Cover Page**

**Application for** (check all that apply): ☐ **Breakfast** ☐ **Lunch** ☐ **A la Carte**

*Print All Information*

School Name \_\_\_\_\_

School District \_\_\_\_\_

Total Student Enrollment Served by the School District \_\_\_\_\_

School Address (please provide address, city, state and ZIP code)

\_\_\_\_\_  
\_\_\_\_\_

Principal's Name \_\_\_\_\_

Principal's E-mail Address \_\_\_\_\_

School Telephone \_\_\_\_\_

School Fax \_\_\_\_\_

School Foodservice Manager's Name \_\_\_\_\_

School Foodservice Manager's Telephone \_\_\_\_\_

School Foodservice Manager's E-mail Address \_\_\_\_\_

School Foodservice Manager's Contact Information for the Summer Months:

Summer Telephone \_\_\_\_\_

Summer E-mail Address \_\_\_\_\_

## Healthier Montana Menu Challenge Application Packet Checklist

Please include the following information in your application:

- \_\_\_\_\_ The Application Cover Page
- \_\_\_\_\_ Documentation that the school is enrolled as a Team Nutrition School (please include a copy of the enrollment form if recently enrolled, a copy of the confirmation email message, or include a hard copy of the school listed in the database of Team Nutrition Schools found at <http://teamnutrition.usda.gov/database.html>). To verify if your school is already enrolled, use the search page option, and *enter your school's ZIP code*. If your school has not yet enrolled, please do so using the online enrollment form at <http://teamnutrition.usda.gov/team.html>.
- \_\_\_\_\_ Is your school currently meeting meal pattern requirements for the National School Lunch Program and School Breakfast Program?
- \_\_\_\_\_ Documentation that your school is certified to receive the additional six cent performance-based reimbursement (Healthy Hunger-Free Kids Act 2011).
- \_\_\_\_\_ Provide the dates of the two week period for which you are providing menus and other supporting materials. The two week period must be two full weeks with no missing days due to school closing for holidays, teacher workdays, etc. List the dates of your menus here in month/day/year format:  
Week 1: \_\_\_\_\_  
Week 2: \_\_\_\_\_
- \_\_\_\_\_ A copy of school breakfast or lunch menus served in your school for a two week period and/or a list of the a la carte menu items.
- \_\_\_\_\_ Documentation that all students have the opportunity to select reimbursable meals that meet HMMC criteria. Describe your meal service structure and describe how Offer vs Serve is implemented if applicable.
- \_\_\_\_\_ Documentation of production records showing actual daily meal count (students and adults); menu items used to meet meal pattern requirements with planned portion sizes; quantity prepared for each menu item, a la carte items sold (if applicable), and leftovers. Additional documentation is required for whole grain-rich offerings including ingredients label, copy of food label, product specification sheet, and/or recipe to verify that the criteria have been met.
- \_\_\_\_\_ Please include a paragraph describing why your school's program deserves recognition. Tell us what you are proud of in your school meals program.
- \_\_\_\_\_ Review Panel form with required signatures

## Review Panel Form

*A healthy school environment is one which provides consistent messages, healthy food, opportunities for physical activity, and current nutrition education throughout the entire school. It is also important that administrators and teachers are serving as healthy role models for students. To ensure that the school is committed to the overall picture of supporting healthy students, please gather the requested signatures below and submit this form with your application.*

**Signatures of the Review Panel:** We have reviewed this application and attest to the accuracy of the information provided. If selected, we agree to maintain the standards and procedures we indicated in this application for the duration of our certification as a Healthier Montana Menu Challenge Award recipient. Further, we agree to cooperate with the Montana Office of Public Instruction, Montana Team Nutrition, and other public health organizations to publicize our efforts and share information with other Montana schools.

School Nutrition Program Manager	Signature	Date
Representative of School Wellness Committee	Signature	Date
Team Nutrition Leader	Signature	Date
Representative of School's Parent Organization	Signature	Date
School Principal	Signature	Date

***Thank you for applying for a Healthier Montana Menu Challenge Award.***

For more information, please visit the Healthier Montana Menu Challenge Web site [http://www.opi.mt.gov/Programs/SchoolPrograms/School\\_Nutrition/#p7GPc1\\_6](http://www.opi.mt.gov/Programs/SchoolPrograms/School_Nutrition/#p7GPc1_6) or contact the Montana Team Nutrition Program, Molly Stenberg, phone (406) 994-7217; [stenberg@montana.edu](mailto:stenberg@montana.edu)

Office use only

Application Approved

Dates of Award

OPI SNP Director

MT Team Nutrition

Program adapted from the USDA's HealthierUS School Challenge Silver Level and USDA's Smart Snacks Interim Rule <http://www.teamnutrition.usda.gov/HealthierUS/index.html> and <http://www.fns.usda.gov/cnd/Governance/legislation/allfoods.htm>